

Fill in this information to identify your case:

Debtor 1 VERONICA ANN JACKSON
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Mississippi

Case number 25-50122-KMS
 (If known)

Official Form 427

Cover Sheet for Reaffirmation Agreement

12/15

Anyone who is a party to a reaffirmation agreement may fill out and file this form. Fill it out completely, attach it to the reaffirmation agreement, and file the documents within the time set under Bankruptcy Rule 4008.

Part 1: Explain the Repayment Terms of the Reaffirmation Agreement

1. Who is the creditor?	<u>VERONICA ANN JACKSON</u> Name of the creditor	
2. How much is the debt?	On the date that the bankruptcy case is filed \$ <u>2,235.04</u> To be paid under the reaffirmation agreement \$ <u>2,235.01</u> \$ <u>68.00</u> per month for <u>38</u> months (if fixed interest rate)	
3. What is the Annual Percentage Rate (APR) of interest? (See Bankruptcy Code § 524(k)(3)(E).)	Before the bankruptcy case was filed <u>17.00</u> % Under the reaffirmation agreement <u>17.00</u> % <input checked="" type="checkbox"/> Fixed rate <input type="checkbox"/> Adjustable rate	
4. Does collateral secure the debt?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe the collateral. <u>LINE OF CREDIT</u> Current market value \$ _____	
5. Does the creditor assert that the debt is nondischargeable?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach an explanation of the nature of the debt and the basis for contending that the debt is nondischargeable.	
6. Using information from Schedule I: Your Income (Official Form 106I) and Schedule J: Your Expenses (Official Form 106J), fill in the amounts.	Income and expenses reported on Schedules I and J 6a. Combined monthly income from line 12 of Schedule I \$ <u>1,816.89</u> 6b. Monthly expenses from line 22c of Schedule J \$ <u>1,816.00</u> 6c. Monthly payments on all reaffirmed debts not listed on Schedule J — \$ <u>0.00</u> 6d. Scheduled net monthly income \$ <u>0.89</u> Subtract lines 6b and 6c from 6a. If the total is less than 0, put the number in brackets.	Income and expenses stated on the reaffirmation agreement 6e. Monthly income from all sources after payroll deductions \$ <u>1,816.89</u> 6f. Monthly expenses — \$ <u>1,816.00</u> 6g. Monthly payments on all reaffirmed debts not included in monthly expenses — \$ <u>0.00</u> 6h. Present net monthly income \$ <u>0.89</u> Subtract lines 6f and 6g from 6e. If the total is less than 0, put the number in brackets.

Debtor 1 Veronica Ann Jackson
First Name Middle Name Last Name

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7. Are the income amounts on lines 6a and 6e different?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	Explain why they are different and complete line 10. _____ _____
8. Are the expense amounts on lines 6b and 6f different?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	Explain why they are different and complete line 10. _____ _____
9. Is the net monthly income in line 6h less than 0?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	A presumption of hardship arises (unless the creditor is a credit union). Explain how the debtor will make monthly payments on the reaffirmed debt and pay other living expenses. Complete line 10. _____ _____
10. Debtor's certification about lines 7-9 I certify that each explanation on lines 7-9 is true and correct. If any answer on lines 7-9 is Yes, the debtor must sign here. _____ If all the answers on lines 7-9 are No, go to line 11.		
11. Did an attorney represent the debtor in negotiating the reaffirmation agreement? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Has the attorney executed a declaration or an affidavit to support the reaffirmation agreement? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Part 2: Sign Here

Whoever fills out this form must sign here. I certify that the attached agreement is a true and correct copy of the reaffirmation agreement between the parties identified on this Cover Sheet for Reaffirmation Agreement.

☒ MALINDA ALLDAY
 Signature

Date 02/10/2025
MM / DD / YYYY

MALINDA ALLDAY
 Printed Name

Check one:

- ☐ Debtor or Debtor's Attorney
☒ Creditor or Creditor's Attorney